

## ANNA UNIVERSITY REGIONAL CAMPUS, COIMBATORE - 641 046

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REGISTRATION FORM FOR Wi-Fi CONNECTIVITY (For student use only)

Name <u>:</u>	
Register No. *:Degr	ree (UG/PG & Ph.D)
Branch	Semester:
Department	Floor ( ): GF / 1 <sup>st</sup> F / 2 <sup>nd</sup> F
ystem Information: (HP/DELL/ any other specify)	O.S.: (Windows /Linux)
ystem Model and Serial No	
lame of the Supervisor/ Class Advisor:	ID:Signature:
MAC Address of the system:	
x: D4:AE:52:BB:5A:41	
Phone / Mobile No  Email ID  Residential Address (Hostel/Day Scholar):	
The above mentioned system sole	DECLARATION  ely belongs to me. I commit that I will use this facility for are my account with anybody.
<u>Student</u>	Head of the Department
lame:	Name :
ignature:	Signature:
Oate:	Date:Dept. Seal:

<sup>\*</sup> Enclose Photocopy of the Student ID-Card.